

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Winchester</u> ^{Town}		<u>Queen Anne's</u> ^{County}		MARYLAND		
Date of death <u>1907</u>	Month <u>1</u>	Day <u>2</u>	Age <u>at Birth</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Winchester</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm Riteson Berry</u>	Father's Birthplace <u>La Grange</u>					
Mother's Maiden Name <u>Sarah A Johnson</u>	Mother's Birthplace <u>La Grange</u>					
Name of person giving information <u>"</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Aker SR</u>
<u>Q</u>	Address <u>Queens town</u>
Accident or Suicide? <u>—</u>	<u>med</u>



Name
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CERTIFICATE OF DEATH

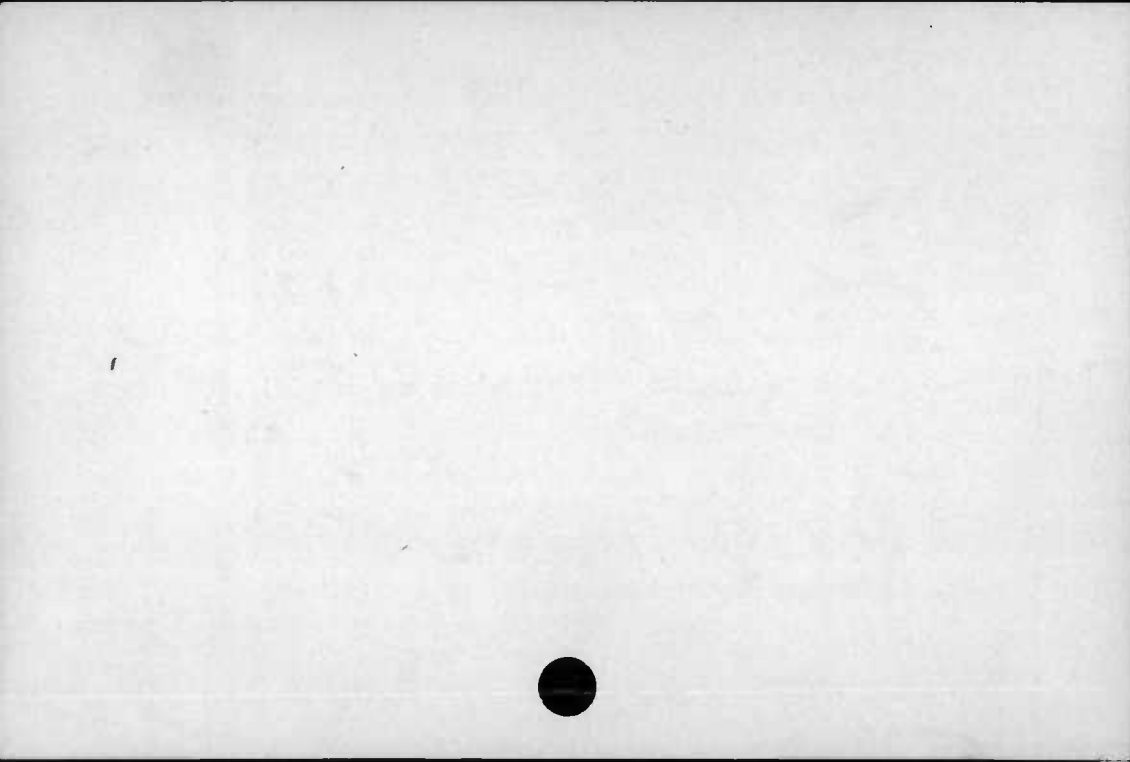
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Near Roberts</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death <i>1903 Jan 31</i>		Month <i>Jan</i>		Day <i>31</i>		Age <i>75</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>		Months <i>7</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>At place of death</i>		Father's Name <i>Benjamin Brierley</i>		Father's Birthplace <i>England</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha E. Shaw</i>		Mother's Maiden Name <i>Annash Byrson</i>		Mother's Birthplace <i>England</i>	
Name of person giving information <i>Martha E. Brierley</i>		How related to deceased <i>Wife</i>		Accident or Suicide? <i>No</i>		Signature of Physician <i>H. G. Capps</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>1 wk.</i>	
Immediate <i>General Atheria</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>No</i>		Address <i>Church Hill</i>	
Signature of Physician <i>H. G. Capps</i>		Address <i>Church Hill</i>	
Accident or Suicide? <i>No</i>		Signature of Physician <i>H. G. Capps</i>	



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CERTIFICATE OF DEATH

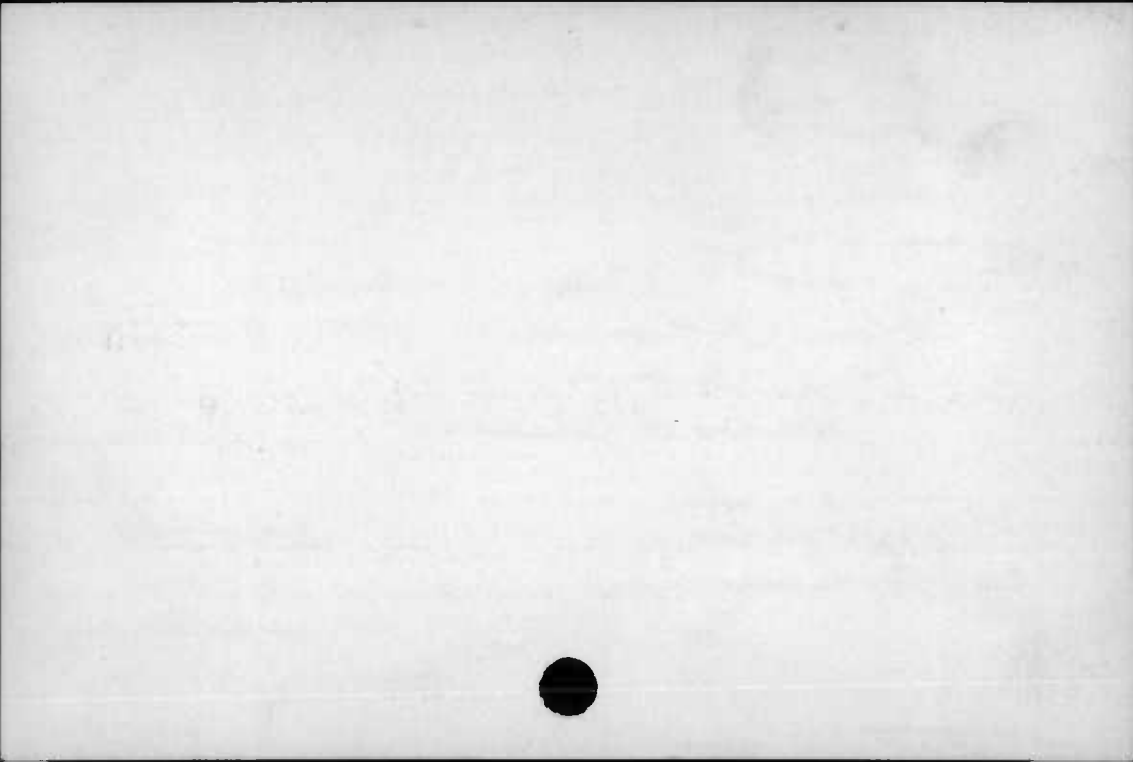
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carroll Lee Cole</i>		Town <i>Queen Anne's</i>		County <i>Queen Anne's</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>23</i>	Age <i>—</i>	Months <i>7</i>	Days <i>23</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind. Co. Ind.</i>
Occupation	<i>—</i>			Where Residing if not at place of death			<i>At place of death</i>
Married Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Reuben F. Cole</i>				Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Normie F. McFerrer</i>				Mother's Birthplace	<i>Ind.</i>	
Name of person giving information	<i>Reuben F. Cole</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Injury to head (internal)</i>		How long	<i>4 days</i>
Immediate	<i>Convulsions upon the head.</i>		How long	<i>20 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>H. G. Coppage</i>	
Address		<i>Church Hill</i>		
Accident	<i>Accident</i>			



Name
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Mrs. Sallie C. Collier

CERTIFICATE OF DEATH

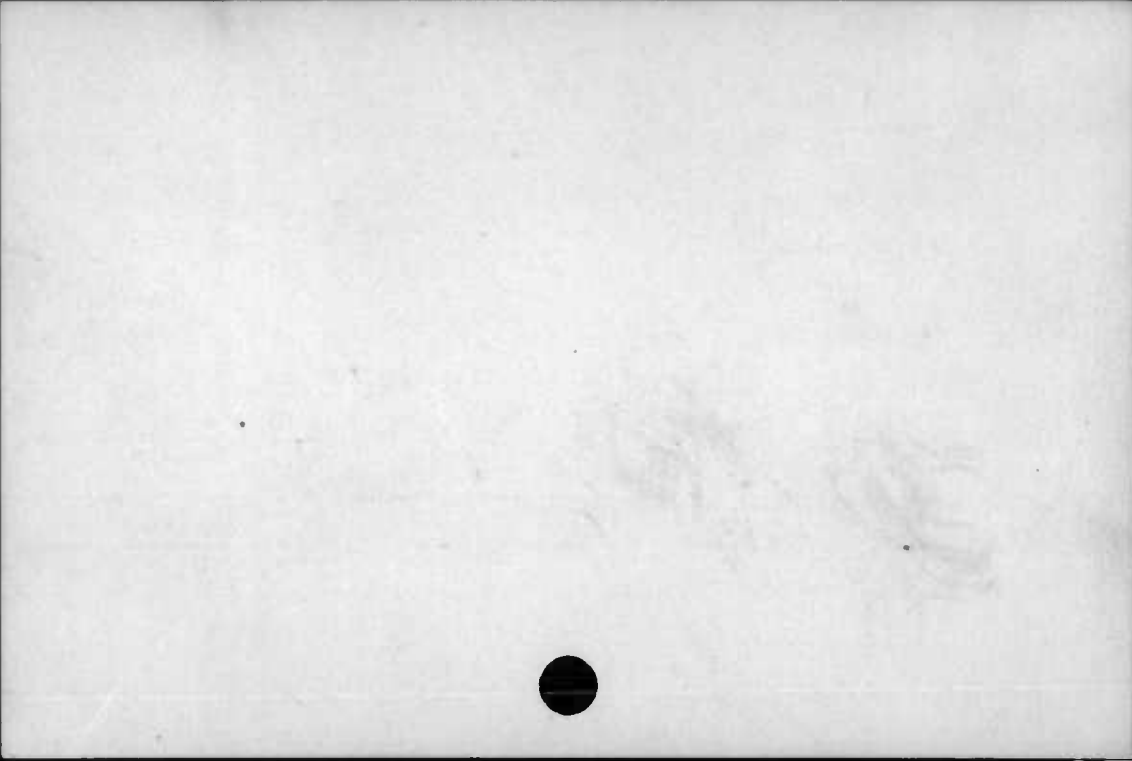
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Her Ingleside</i> <small>Town</small> <i>Queen Anne's</i> <small>County</small> MARYLAND	
Date of death 1907 <i>Jan 29</i> <small>Month Day</small> Age <i>35</i> <small>Years</small> Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i> Color or Race <i>Black</i> Birth place <i>Queen Anne's</i>	
Occupation <i>Housework</i> Where Residing if not at place of death <i>Ap. place of death</i>	
Married, Single or Widow <i>Widow</i> Name of Wife or Husband <i>Geo. Collier</i>	
Father's Name <i>John Adams</i> Father's Birthplace <i>S. A. C. Md.</i>	
Mother's Maiden Name <i>Don't know.</i> Mother's Birthplace <i>—</i>	
Name of person giving information <i>James H. Collier</i> How related to deceased <i>Brother in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>3 weeks.</i>
Immediate <i>Exhaustion</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. Appage</i>
	Address <i>Church Hill</i>
Accident or Suicide? <i>—</i>	<i>Ind.</i>



Name
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CERTIFICATE OF DEATH

Died at <i>Fords</i> ^{Town}		<i>Innes</i> ^{County}		MARYLAND	
Date of death	1907	Month	January	Day	30
Age	2	Years		Months	5
Sex	Female	Color or Race	white	Birth-place	<i>D. G. L. M. D.</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>John F. L. M. D.</i>		Father's Birthplace		
Mother's Maiden Name	<i>Minnie E. Chesser</i>		Mother's Birthplace		
Name of person giving information	<i>Minnie E. Chesser</i>		How related to deceased		
			<i>Mother</i>		

CAUSES OF DEATH

Primary	<i>Pneumonia & whooping cough</i>	How long	<i>3 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. T. Henry</i>
		Address	<i>Stevensville, Md.</i>
Accident or Suicide?	<i>no</i>		



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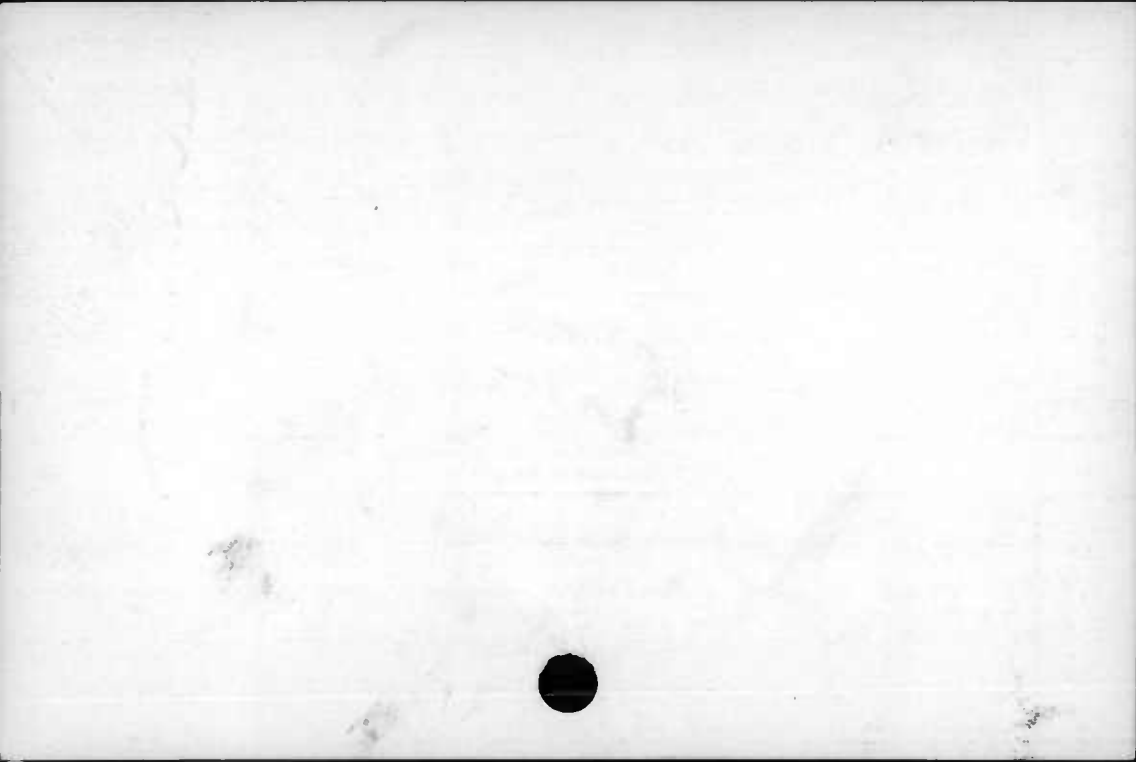
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Julia A. Demy</i>		Town <i>Bentreville</i>		County <i>D.A. Co.</i>		MARYLAND	
Died at <i>Bentreville</i>		Date of death <i>1907 Jan 10</i>		Age <i>43</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Bentreville</i>		Where Residing if not at place of death <i>at place of death</i>			
Occupation <i>Housework</i>	Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>George Roberts</i>		Father's Birthplace <i>Bentreville</i>					
Mother's Maiden Name <i>Julia Roberts</i>		Mother's Birthplace <i>11</i>					
Name of person giving information <i>Thomas Demy</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart disease</i>	How long <i>2 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>1 minute</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. R. Grace</i>
Accident or Suicide? <i>no</i>	Address <i>Bentreville Queen Anne Rd</i>



Name
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Wm. D. Fountain

CERTIFICATE OF DEATH

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NEAREST FRIEND

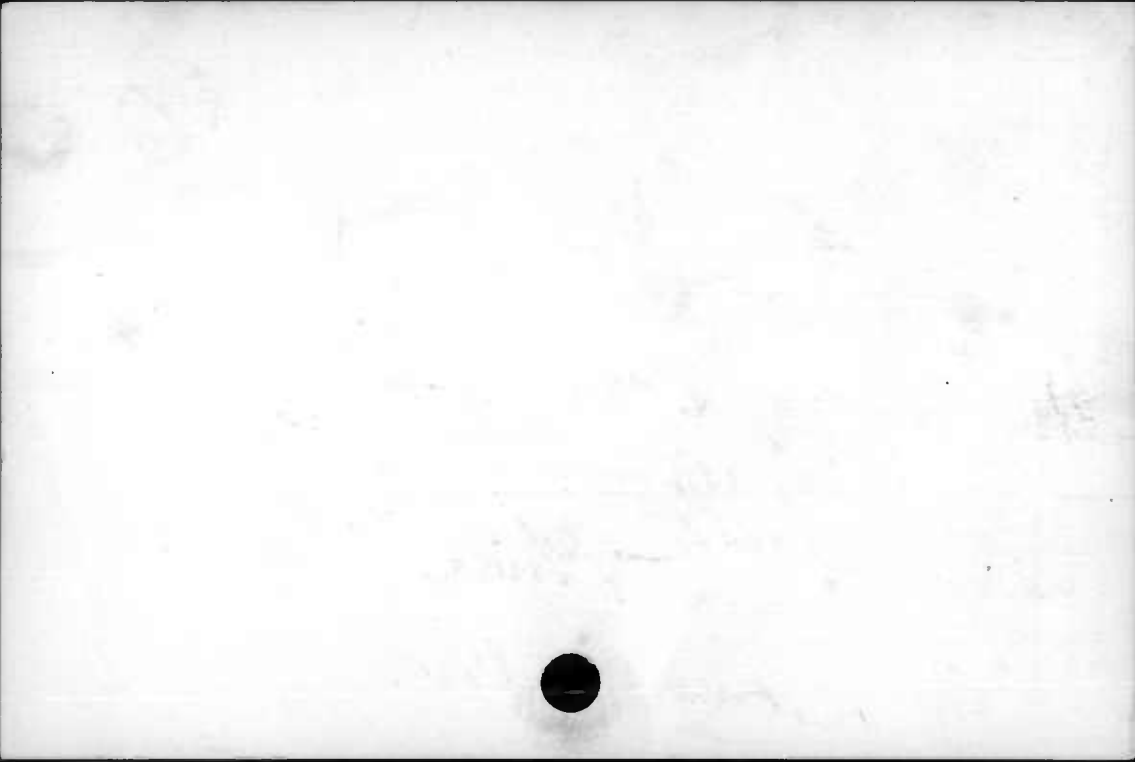
MARYLAND

Died at <u>Ansleyville</u> ^{Town}		<u>Dade</u> ^{County}			
Date of death <u>1907</u> ^{Month} <u>Jan</u> ^{Day} <u>11</u>		Age <u>4</u> ^{Years}		Months <u>—</u> Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Phila</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm. D. Fountain</u>				Father's Birthplace <u>Phila</u>	
Mother's Maiden Name <u>Wm. Maryway</u>				Mother's Birthplace <u>Ansleyville</u>	
Name of person giving information <u>Mary Maryway</u>				How related to deceased <u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diarrhea</u>	How long <u>2 or 3 days</u>
Immediate <u>Worm fever</u>	How long <u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. J. Brown</u>
Accident or Suicide? <u>no</u>	Address <u>Ansleyville</u>



Name
in
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Elizabeth Grant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ralphs</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>22</i>	Age <i>58</i>	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>Coloured</i>		Birth-place <i>24 Colver</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Grant</i>				
Father's Name <i>Wm Goldsboro</i>	Father's Birthplace <i>Mo</i>				
Mother's Maiden Name <i>M Brown</i>	Mother's Birthplace <i>-</i>				
Name of person giving information <i>Husband</i>		How related to deceased <i>-</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute nephritis</i>	How long <i>2 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. N. S. Dudley</i>
	Address <i>Church Hill, Md</i>
Accident or Suicide? <i>no</i>	



Name
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CERTIFICATE OF DEATH

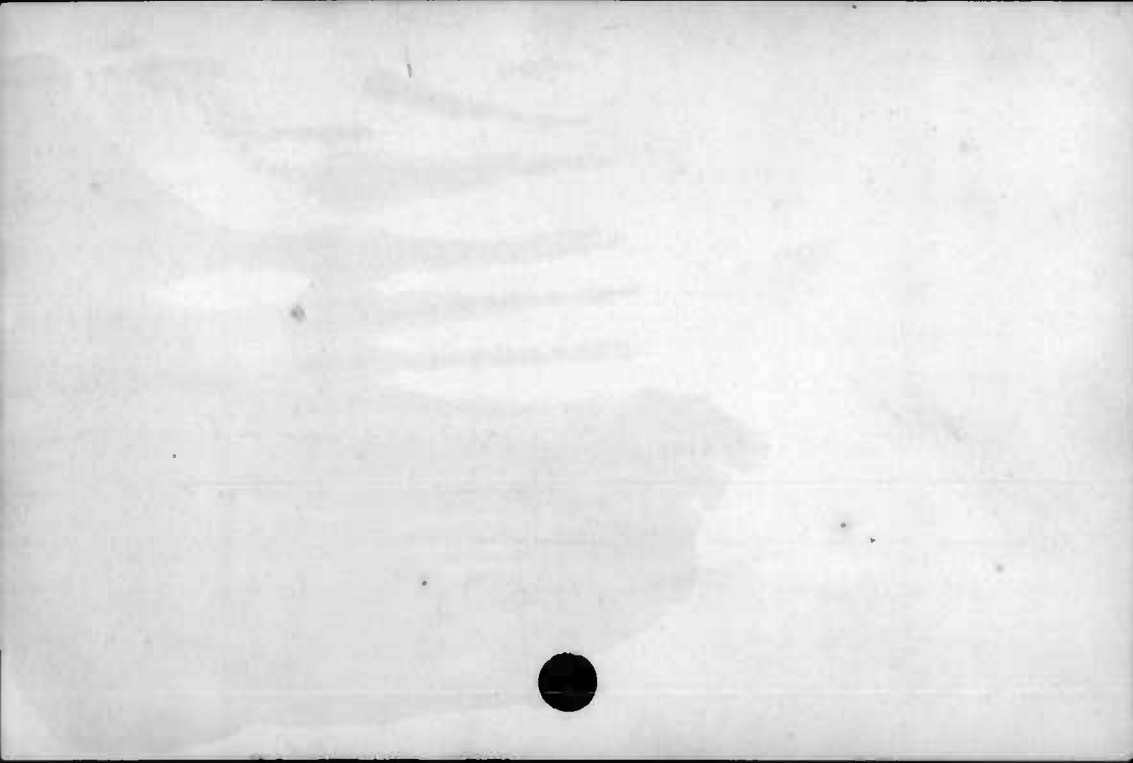
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pondtown</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>January</i> ^{Day}	<i>2nd</i> ^{Age}	<i>3</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Boy</i>	Color or Race <i>colored</i>		Birth-place <i>Pondtown</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles H. Hines</i>		Father's Birthplace <i>Sudlersville</i>			
Mother's Maiden Name <i>Augusta Elliott</i>		Mother's Birthplace <i>Pondtown</i>			
Name of person giving information <i>Charles H. Hines</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>Prostration</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. B. Dudley</i>
<i>They are</i>	Address <i>Church Hill</i>
Accident or Suicide?	<i>Queen Anne's Co. Md</i>



Name
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CERTIFICATE OF DEATH

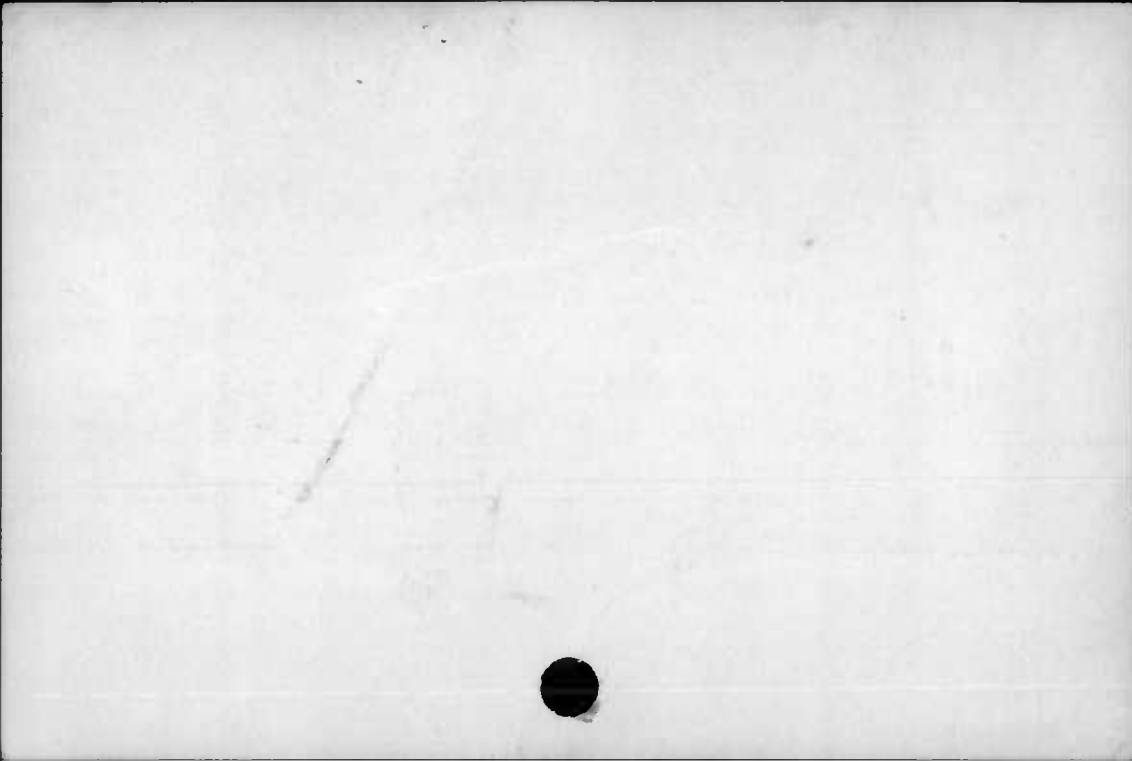
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hermon Ireland</i>		Town <i>Booths whf</i>		County <i>Queen Anne's Co</i>		MARYLAND	
Died at <i>Booths whf</i>		Date of death <i>1907</i>		Age <i>3</i>		Months <i>7</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Indiantown</i>		Days	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jones J. Ireland</i>		Father's Birthplace <i>Queen Anne's Co</i>					
Mother's Maiden Name <i>Miss Susan Porter</i>		Mother's Birthplace <i>Queen Anne's Co</i>					
Name of person giving information <i>Joseph E. Blunt</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Exhaustion</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N. S. Dudley MD</i>
Address <i>Church Hill</i>	<i>Queen Anne's Co MD</i>
Accident or Suicide?	



Name
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Full

Martha A. Jones

CERTIFICATE OF DEATH

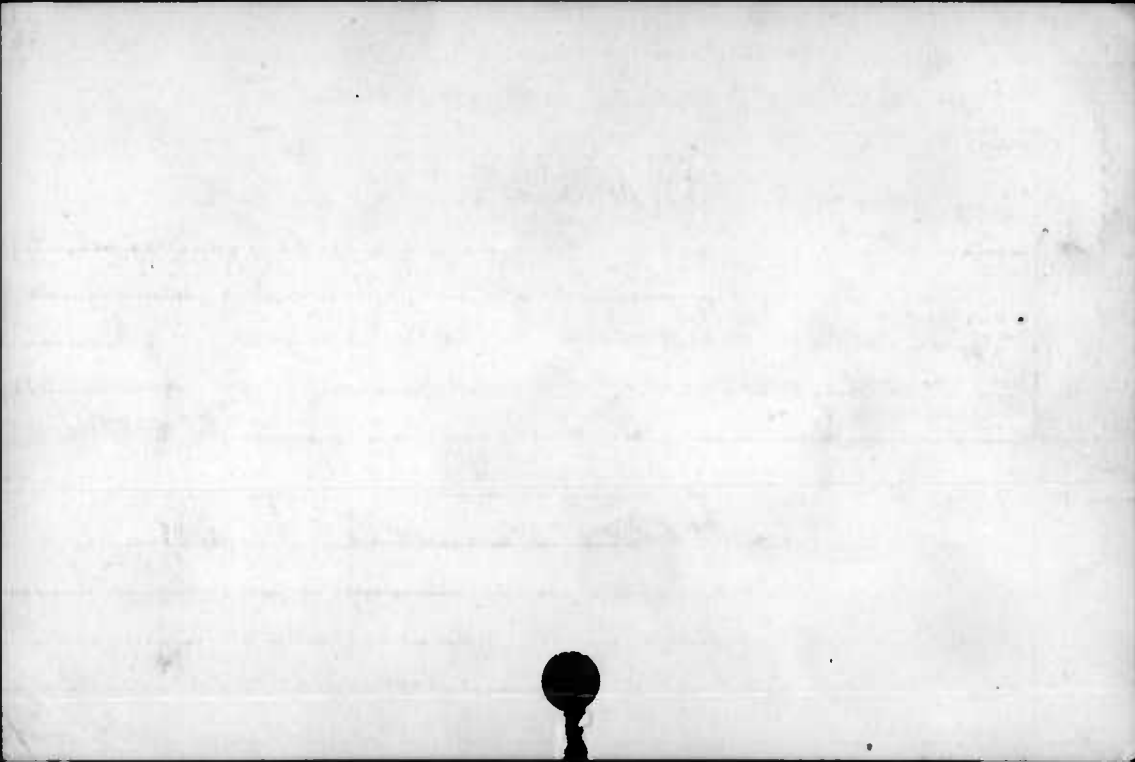
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester</i> Town <i>Md</i> County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1907</i> Month <i>Jan</i> Day <i>22</i> Age <i>77</i> Years Months <i>11</i> Days <i>19</i>			
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Kent Island</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jackson Jones</i>		
Father's Name <i>James Tolson</i>	Father's Birthplace <i>Kent Island</i>		
Mother's Maiden Name <i>Annie Gardner</i>	Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Jackson Jones</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Invasiditis</i>	How long <i>3 years</i>
Immediate <i>Cardiac Stethesia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. E. E. E. E.</i>
	Address <i>Sturgisville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Lane, Jr.*
Died at *near Templeville* *near Anne*
Town *near Templeville* County *near Anne*
Date of death *1907* Month *1* Day *11* Age *5* Years *5* Months *16* Days *16*
Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *-* Where Residing if not at place of death *-*

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

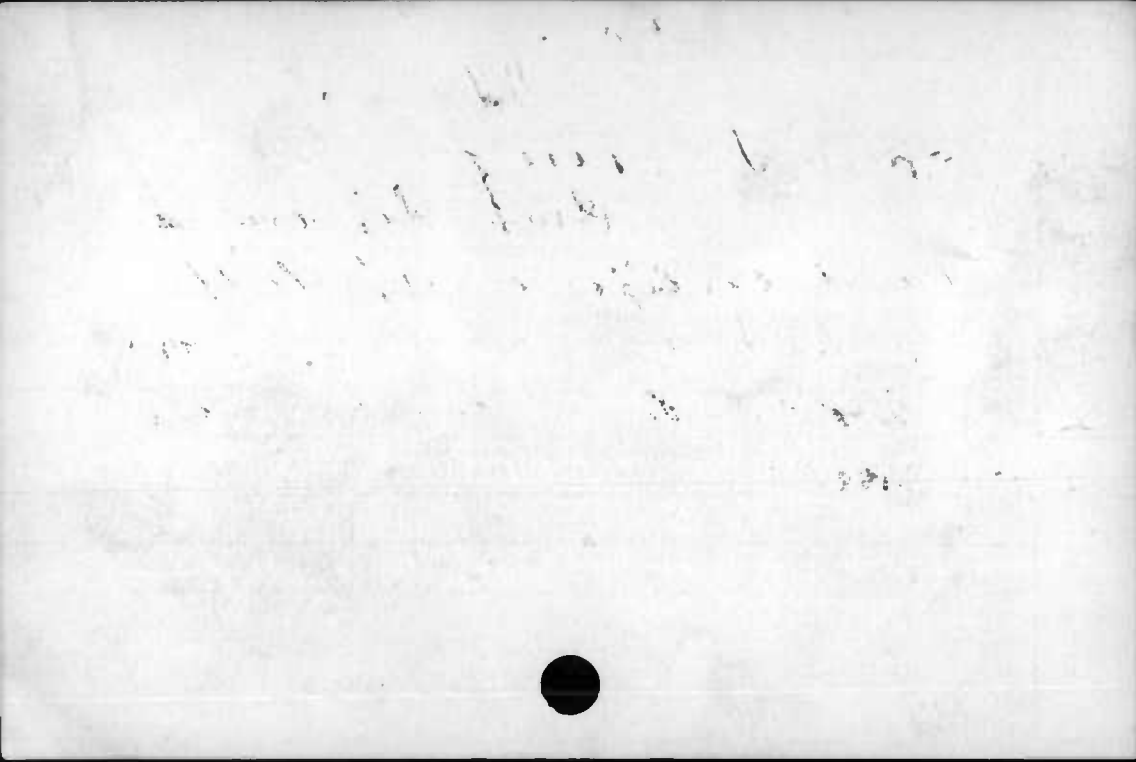
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

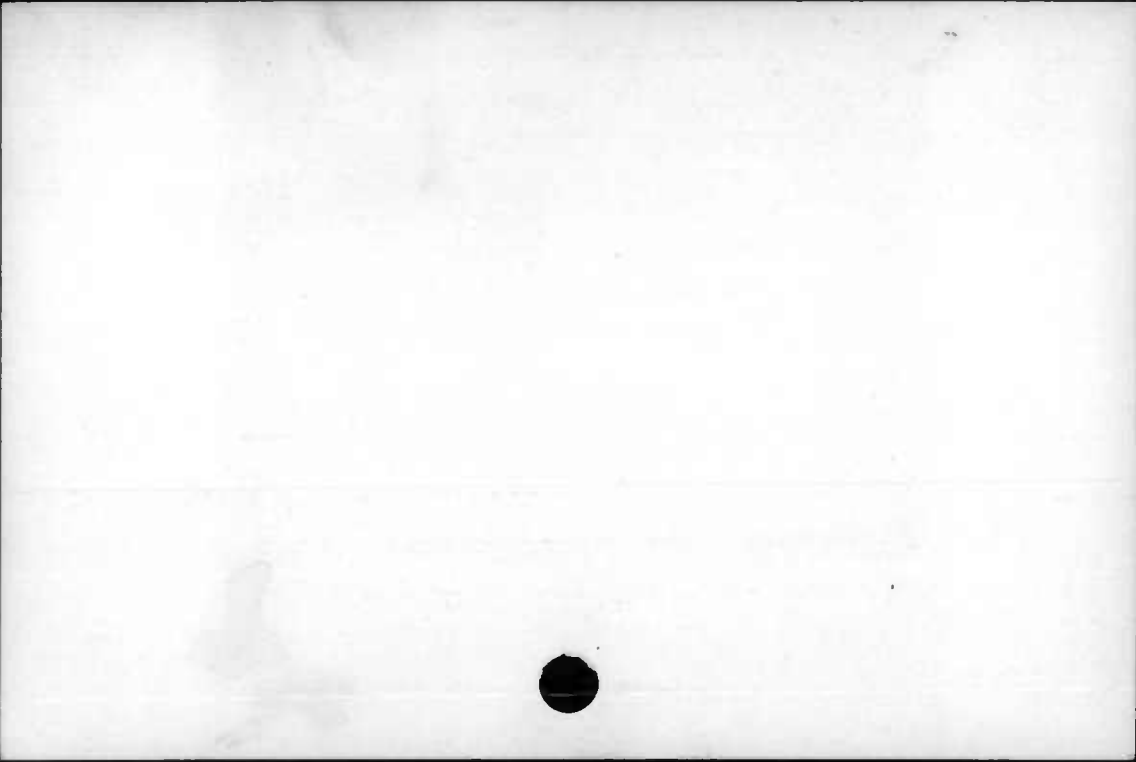
Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		William Wrightson Neuman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Centerville		County Green Anne		MARYLAND
	Date of death		1907	Month Jan	Day 5	Years 22	Months 7 Days 1
	Sex		Male		Color or Race Negro		Birth-place Centerville Md
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Clarence Henry Neuman				Father's Birthplace Centerville Md.
	Mother's Maiden Name		Ehrily Bryan				Mother's Birthplace Green Anne Co
	Name of person giving information		Father				How related to deceased
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tetanus				How long 14 days.
	Immediate		Exhaustion				How long 2 "
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician E. F. Smith		
					Address Centerville Md.		
	Accident or Suicide?						



Name
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CERTIFICATE OF DEATH

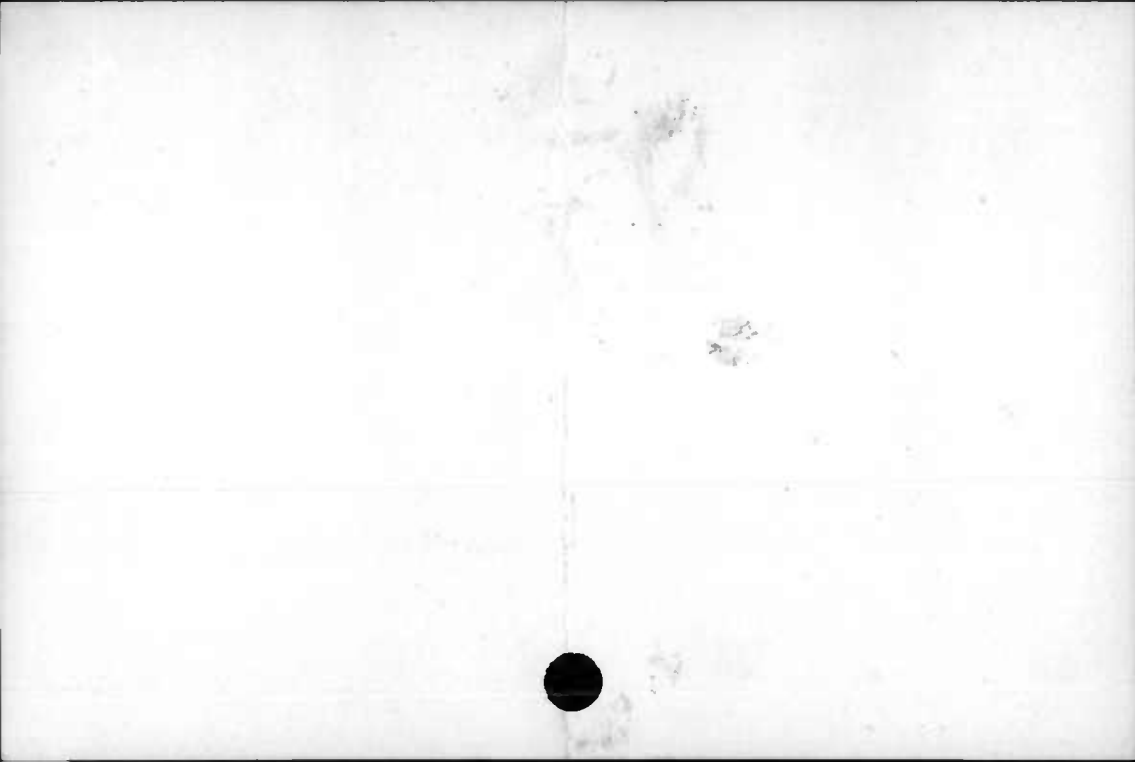
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Flords</i> Town <i>Storr</i> County <i>Anne</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>13</i>	Age <i>15</i> Years
Sex <i>male</i>		Color or Race <i>white</i>	Birth-place
Occupation <i>Cyclist</i>		Where Residing if not at place of death <i>Winkles</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
Father's Name <i>Carroll Parks</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Mary E Cooper</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Carroll Parks</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>93</i> days
Immediate <i>Asthenia</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm G. Henry</i>
	Address <i>Stevensville</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name
in
Full

Lancely Parks

CERTIFICATE OF DEATH

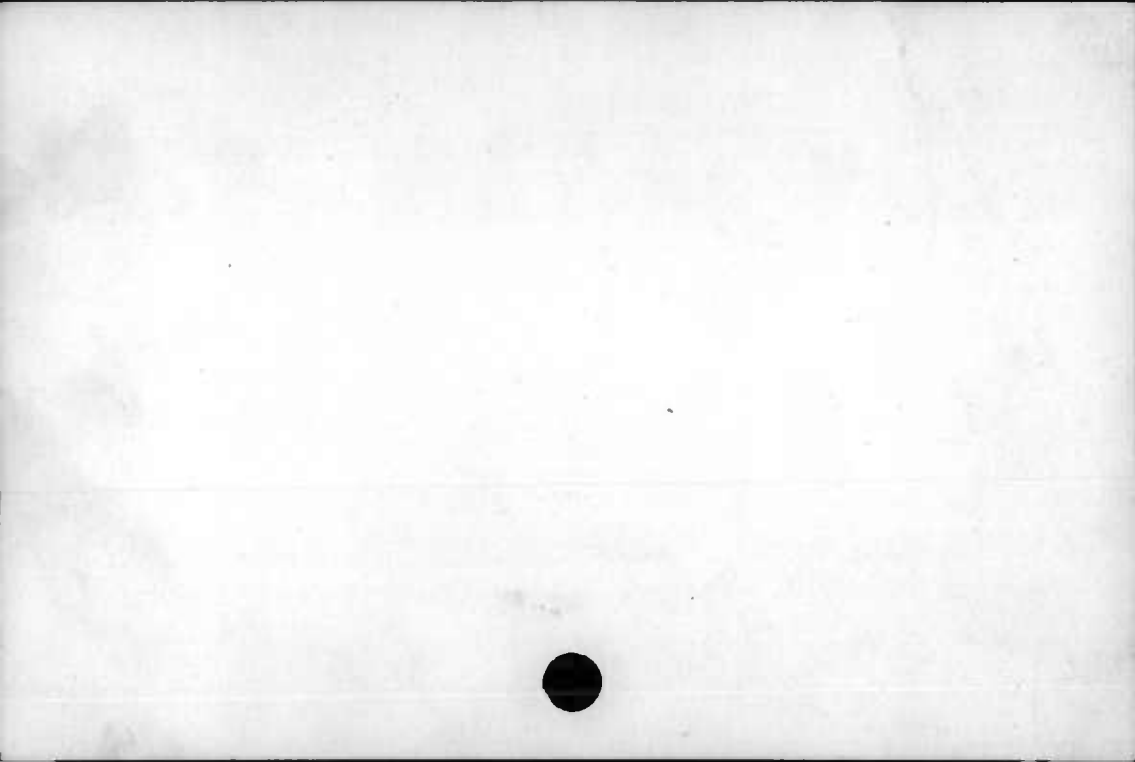
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ford Stora</i> <small>Town</small>		<i>Queen Anne</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>1</i> <small>Month</small>	<i>22</i> <small>Day</small>	<i>9</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>10</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>24 County</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Thomas E Parks</i>			Father's Birthplace <i>Swinnonsville Co.</i>		
Mother's Maiden Name <i>Late Thomas</i>			Mother's Birthplace <i>24 Co Ma</i>		
Name of person giving information <i>Chas O Coursey</i>			How related to deceased <i>non</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm G. Stearns</i>
<i>9</i>	Address <i>Stearnsville Md</i>
Accident or Suicide?	



Name
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Charles Roberts

CERTIFICATE OF DEATH

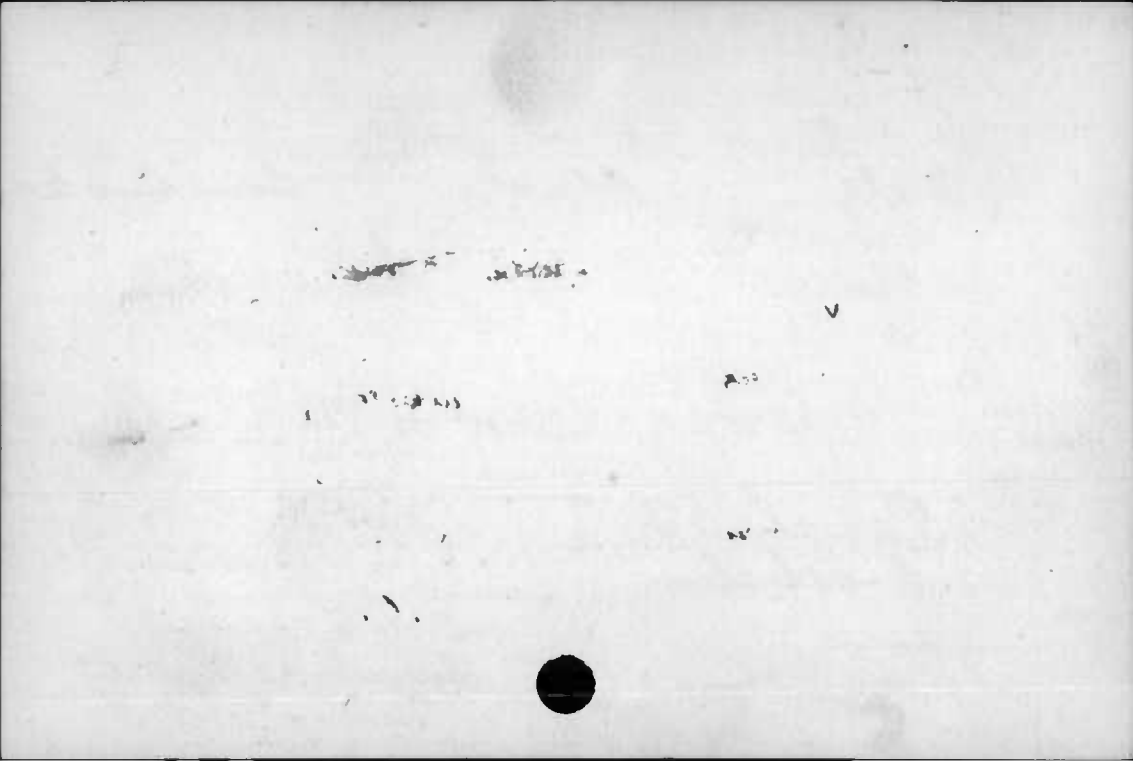
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Drowned in Ocean</i>		Town <i>2 Acres</i>		County		MARYLAND					
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>20</i>		Years <i>40</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>2 A County</i>							
Occupation <i>Sailor & Laborer</i>				Where Residing if not at place of death <i>Corsica Neck</i>							
Married, Single <i>yes</i>		Name of Wife or Husband <i>don't know</i>									
Father's Name <i>Don't know</i>				Father's Birthplace <i>Don't know</i>							
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Don't know</i>							
Name of person giving information <i>L A Holton</i>				How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowned accidentally</i>		How long <i>—</i>	
Immediate <i>yes</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L A Holton</i>	
<i>body found April 22nd 1907</i>		Address <i>Centerville 2 A Co Md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Perry Saunders</i>		County <i>Queen Anne's County</i>		MARYLAND	
Died at <i>Willis Chappel</i>		Town <i>Willis Chappel</i>		MAYLAND	
Date of death <i>1907 January 2nd</i>		Age <i>74</i>		Months <i>7</i> Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Queen Anne's Co.</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emily Saunders</i>			
Father's Name <i>unknown</i>		Father's Birthplace			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace			
Name of person giving information <i>James Saunders</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis
Prostration

How long

5 years

Immediate

How long

10 hours

Are the name, age, sex, color, date and place correctly given above?

They are

Signature of Physician

S. C. Dudley M.D.

Address

Queen Anne's County
Maryland

Accident or Suicide?



Name
in
Full

No Name - Smallwood

CERTIFICATE OF DEATH

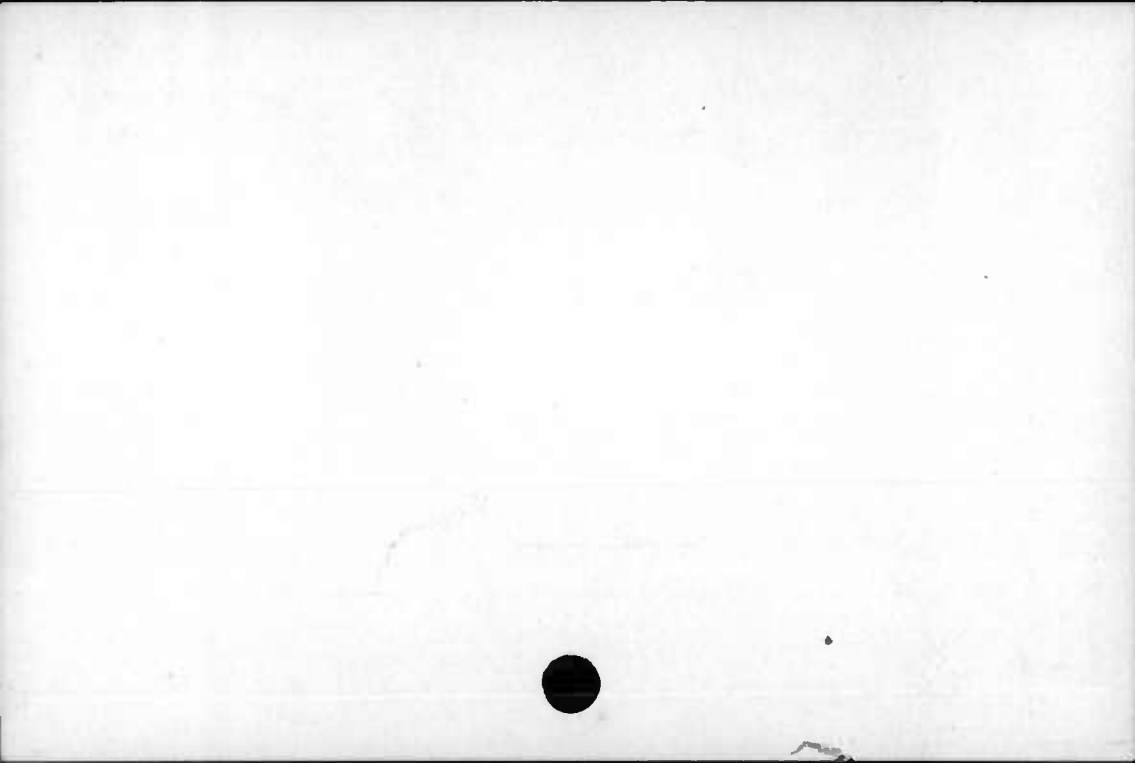
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Centreville</i>		Town <i>Smallwood</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1st</i>	Day <i>10</i>	Age <i>90</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Boy</i>	Color or Race <i>Colored</i>		Birth-place <i>Near Centreville</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Jesse Smallwood</i>				Father's Birthplace <i>Queen Anne's County</i>			
Mother's Maiden Name <i>Emma Jane Carter</i>				Mother's Birthplace <i>Not Known</i>			
Name of person giving information <i>Jesse Smallwood</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>not known</i>	How long <i>90</i>
Immediate <i>Bad cold</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smallwood</i>
<i>No Physician</i>	Address <i>Sub Registrar</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Egualial Sparks

CERTIFICATE OF DEATH

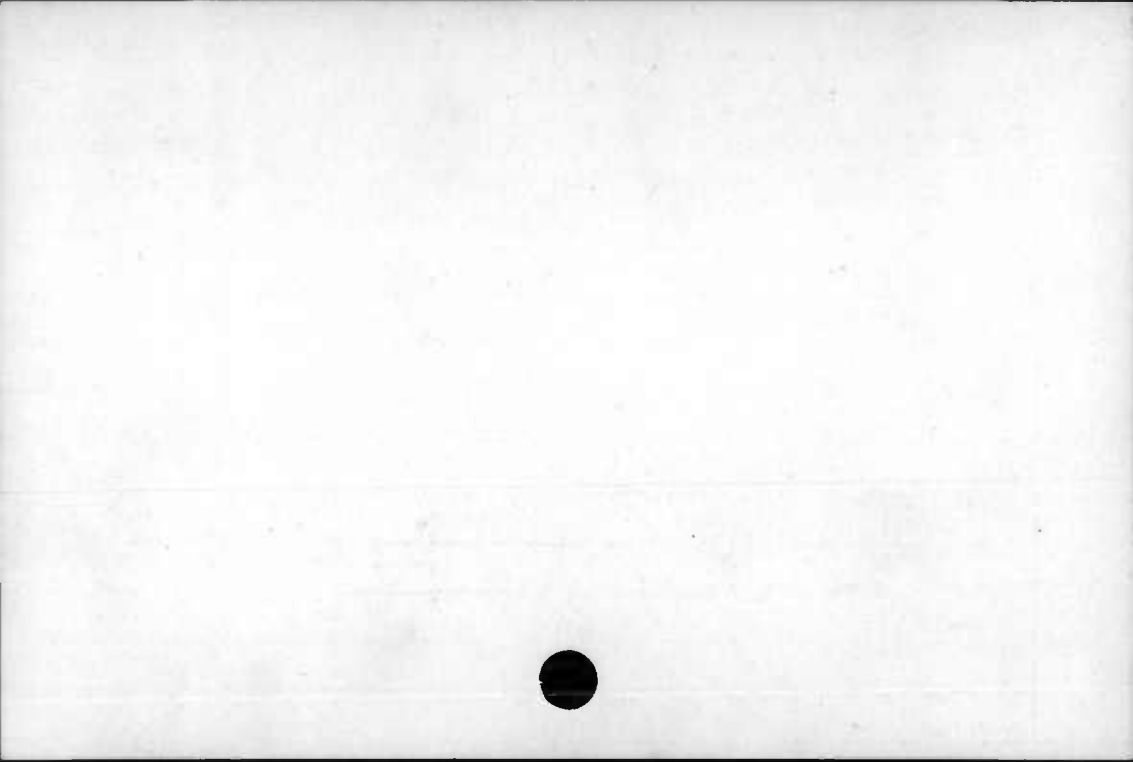
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i> ^{Town} <i>Queen Anne's</i> ^{County} <i>Maryland</i>	
Date of death <i>1907</i> <i>July</i> <i>26</i> ^{Day} <i>69</i> ^{Years} <i>10</i> ^{Months} <i></i> ^{Days}	
Sex <i>Male</i> Color or Race <i>White</i> Birth place <i>Queen Anne's Co</i>	
Occupation <i>Retired</i> Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Emily J. Sparks</i>	
Father's Name <i>John Sparks</i> Father's Birthplace <i>Queen Anne's</i>	
Mother's Maiden Name <i>do not know</i> Mother's Birthplace <i>Queen Anne's</i>	
Name of person giving information <i>Dr. N. S. Dudley</i> How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i> <i>Exhaustion</i> ^{How long} <i>6 months</i>	
Immediate <i>Exhaustion</i> ^{How long} <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. N. S. Dudley</i>
<i></i>	Address <i>Church Hill</i> <i>Maryland</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Miss Henrietta Spory

Died at <i>Roberts</i>		Town <i>Roberts</i>		County <i>Queen Anne's</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>25</i>	Age <i>69</i>	Years <i>69</i>	Months <i>3</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>D.A. Co Ind</i>		Occupation <i>Lady</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Samuel Spory</i>		Where Residing if not at place of death <i>at place of death</i>			
Father's Name <i>John Spory</i>		Father's Birth-place <i>D.A. Co Ind</i>		Mother's Maiden Name <i>Maud Spory</i>			
Mother's Birth-place <i>D.A. Co Ind</i>		How related to deceased <i>Son in law</i>		Name of person giving information <i>John Meredith</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Captured blood vessel</i>	How long <i>45</i>
Immediate <i>Hemorrhage</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Leppage</i>
Address <i>Church Hill</i>	Address <i>Ind</i>
Accident or Suicide? <i>Never saw this person until after death.</i>	



Name
in
Full

Denver Suddler

CERTIFICATE OF DEATH

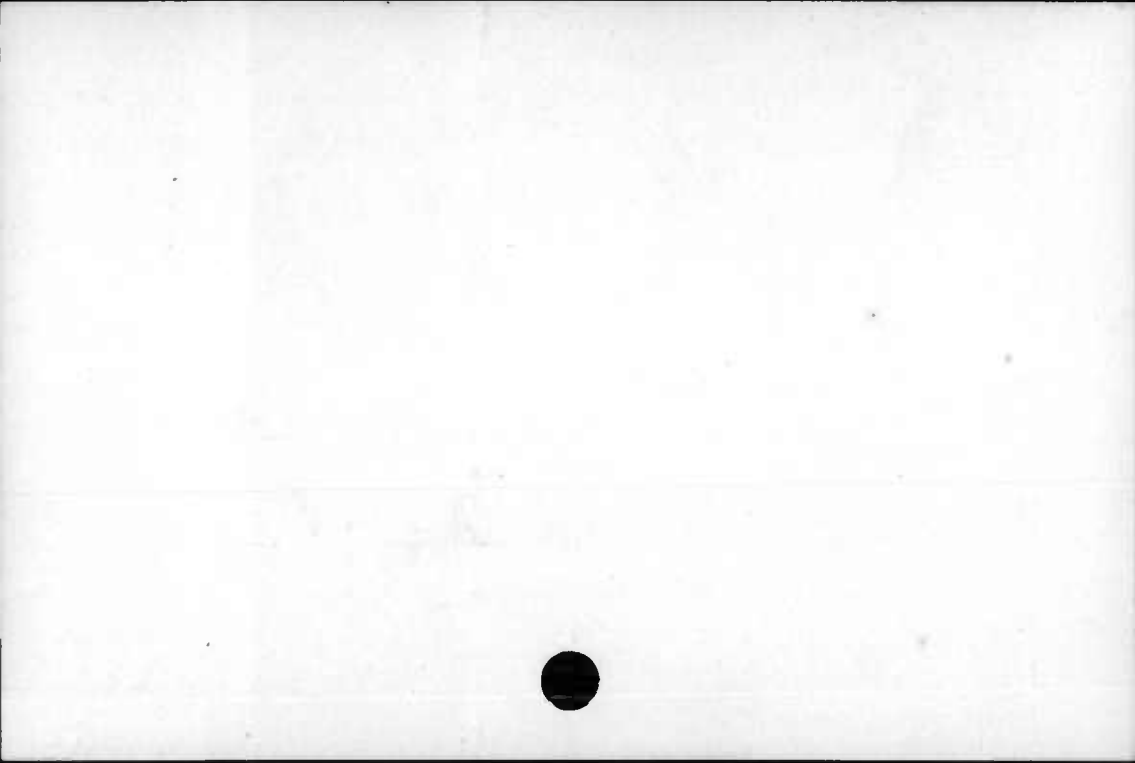
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bar</i> ^{Town} <i>Barclay</i> ^{County} <i>L. James</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>7</i>	Age <i>14</i>
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>Ad</i>	Months Days
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Derry Suddler</i>	Father's Birthplace <i>Ad</i>		
Mother's Maiden Name <i>Lucrecia Gibbs</i>	Mother's Birthplace <i>Ad</i>		
Name of person giving information <i>Lucrecia Suddler</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 or 3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Casparham M.D.</i>
	Address <i>Inglewood</i>
Accident or Suicide?	<i>Ad</i>



Name
in
Full

CERTIFICATE OF DEATH

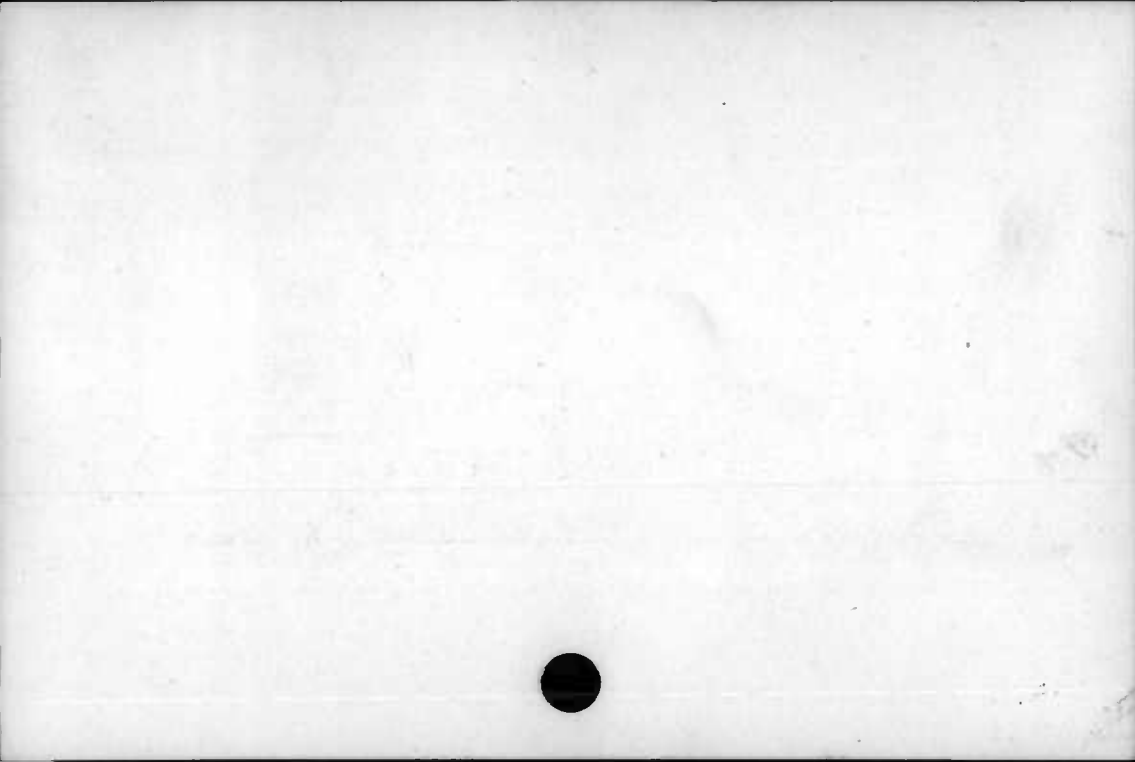
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Chas Barrall Tilghman</i>		Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Centerville</i>		Month <i>1</i>		Day <i>14</i>		Age <i>42</i>	
Date of death <i>1907</i>		Month <i>1</i>		Day <i>14</i>		Years <i>42</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne Co</i>		Months <i>10</i>	
Occupation <i>Trading Salesman</i>		Where Residing if not at place of death <i>Place of death</i>		Place of death <i>Centerville</i>		Days	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Helene Galdebrough Tilghman</i>		Father's Birthplace <i>Queen Anne Co</i>		Mother's Birthplace <i>Queen Anne Co</i>	
Father's Name <i>Chas H. Tilghman</i>		Mother's Maiden Name <i>Nannie Murry Carmichael</i>		How related to deceased <i>mother</i>		Name of person giving information <i>Nannie Murry Carmichael Tilghman</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Hypertensive Angina pectoris</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. O'Donnell MD</i>
Address <i>Centerville</i>	Address <i>Queen Anne Co</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Mabel E Turner

CERTIFICATE OF DEATH

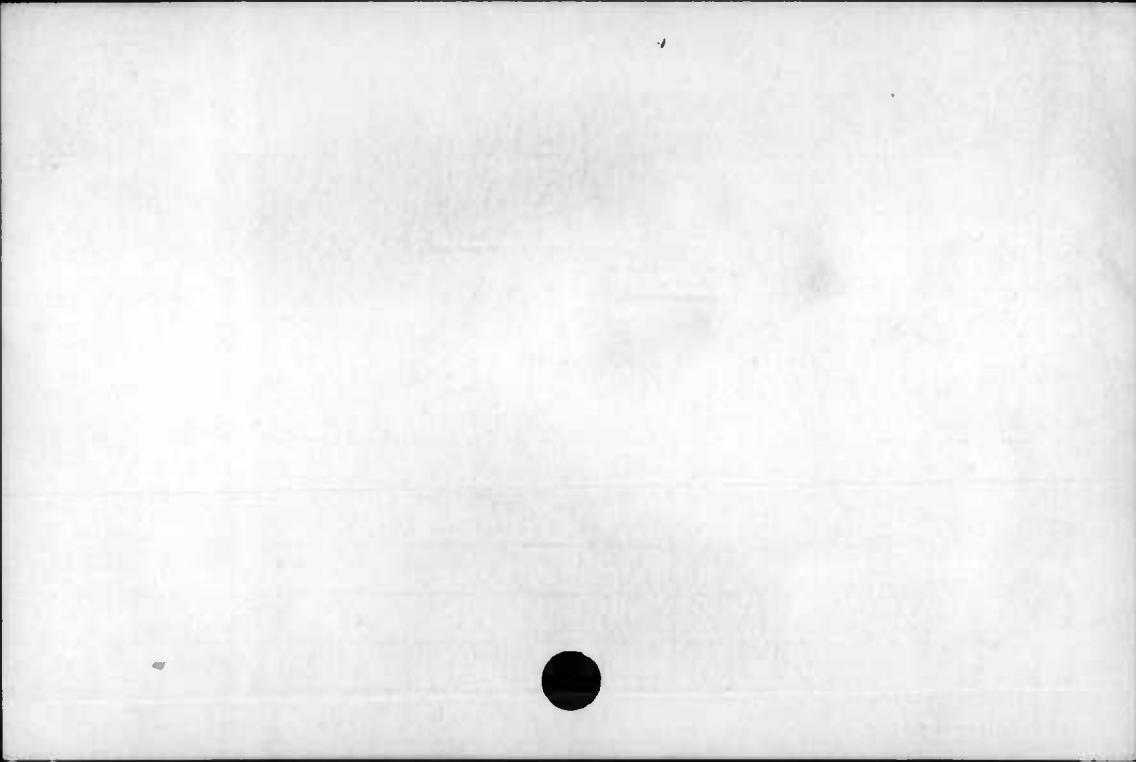
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Steensville</i>		Town <i>Steensville</i>		County <i>L. 9.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>1</i>	Day <i>4</i>	Age <i>25</i>	Years <i>25</i>	Months <i>4</i>	Day <i>26</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>L. 9. Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>James Turner Jr</i>					
Father's Name <i>Perry Stansbury</i>		Father's Birthplace <i>L. 9. Co. Md.</i>					
Mother's Maiden Name <i>Julia Ford</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Jas Turner Jr</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>General Atrophy</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Chas. E. Snyder</i>
	Address <i>Steensville</i>
Accident or Suicide?	<i>no.</i>



Name
In
Full

CERTIFICATE OF DEATH

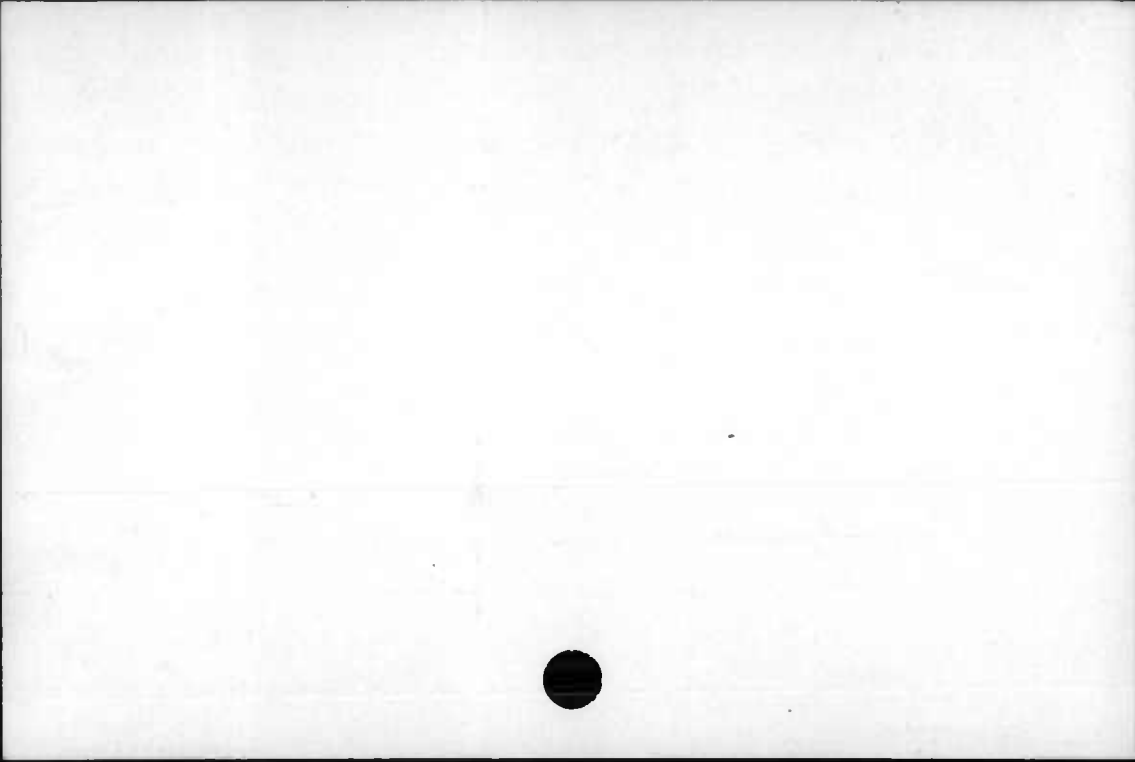
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barclay</i> Town		<i>L. Anne's</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>4</i>	Age <i>61</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Id</i>		
Occupation <i>Lady</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Ed. John C. Wallace</i>				
Father's Name <i>Robert Booker</i>	Father's Birthplace <i>Id</i>				
Mother's Maiden Name <i>Elizabeth Sparks</i>	Mother's Birthplace <i>Id</i>				
Name of person giving information <i>Minnie V. Ross</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hypertrophy of heart</i>	How long <i>Two months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Carl Wapner M.D.</i>
	Address <i>Ingleside Id.</i>
Accident or Suicide?	



Name
in
Full

William Wesley Galls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>English</u> <small>Town</small>		<u>Queen Anne</u> <small>County</small>		MARYLAND	
Date of death	190 <u>7</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u>62</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>30</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>D. A. C. Ind</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>at place of death</u>		
Married, Single	<u>Married</u>	Name of Wife or Husband	<u>John Marshall Harris</u>		
Father's Name	<u>John Wesley Galls</u>		Father's Birthplace	<u>D. A. C. Ind</u>	
Mother's Maiden Name	<u>Hester Hewitt</u>		Mother's Birthplace	<u>D. A. C. Ind</u>	
Name of person giving information	<u>Charles Wesley Galls</u>		How related to deceased	<u>son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>5 days</u>
Immediate	<u>Paralysis</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>B. G. Carpenter</u>
		Address	<u>Church Hill Ind</u>
Accident or suicide?			



Name
in
Full

Delia B. Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centreville</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death <u>1907</u>		Month <u>1</u>	Day <u>27</u>	Age <u>45</u> ^{Years}	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Baltimore Md</u>			
Occupation <u>School Teacher</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Washington</u>				
Father's Name <u>Charles Savage</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mary Scott</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Mary E. Hooker</u>	How related to deceased <u>Niece</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart</u>	How long <u>ten days</u>
Immediate <u>Pneumonia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Roy</u>
Accident or Suicide? <u>—</u>	Address <u>Centreville Md</u>

Centerville

Name
in
Full

Margaret A. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stevensville</u> ^{Town}		<u>Q. A.</u> ^{County}		MARYLAND	
Date of death 190	<u>7</u> ^{Month}	<u>Jan</u> ^{Day}	<u>30</u> ^{Year}	Age <u>72</u> ^{Months}	<u>5</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>York Co. Pa.</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Thomas H. Wright</u>					
Father's Name <u>Elisha Jones</u>			Father's Birthplace <u>York Co. Pa</u>		
Mother's Maiden Name <u>Margaret Blaney</u>			Mother's Birthplace <u>Hartford Ct. Md</u>		
Name of person giving information <u>Thomas H. Wright</u>			How related to deceased <u>husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer</u>	How long <u>1 yr</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Percy Kemp</u>
	Address <u>Stevensville, Md.</u>
Accident or Suicide?	

